

# POSITION DESCRIPTION (Please Read Instructions on the Back)

2. Reason for Submission <input type="checkbox"/> Redescription <input checked="" type="checkbox"/> New <input type="checkbox"/> Hdqtrs <input checked="" type="checkbox"/> Field <input type="checkbox"/> Reestablishment <input type="checkbox"/> Other Explanation (Show any positions replaced) Standard MWR NAF PD										3. Service <input type="checkbox"/> Hdqtrs <input checked="" type="checkbox"/> Field										4. Employing Office Location										5. Duty Station										1. Agency Position No.																													
7. Fair Labor Standards Act <input type="checkbox"/> Exempt <input checked="" type="checkbox"/> Nonexempt										8. Financial Statements Required <input type="checkbox"/> Executive Personnel Financial Disclosure <input type="checkbox"/> Employment and Financial Interest										9. Subject to IA Action <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No										6. OPM Certification No.																																							
10. Position Status <input type="checkbox"/> Competitive <input type="checkbox"/> Excepted (Specify in Remarks) <input type="checkbox"/> SES (Gen.) <input type="checkbox"/> SES (CR)										11. Position Is <input type="checkbox"/> Supervisory <input checked="" type="checkbox"/> Managerial <input checked="" type="checkbox"/> Neither										12. Sensitivity <input checked="" type="checkbox"/> 1--Non-Sensitive <input type="checkbox"/> 3--Critical <input type="checkbox"/> 2--Noncritical Sensitive <input type="checkbox"/> 4--Special Sensitive										13. Competitive Level Code																																							
15. Classified/Graded by										Official Title of Position										Pay Plan										Occupational Code										Grade										Initials										Date									
a. Office of Personnel Management																																																																					
b. Department, Agency or Establishment																																																																					
c. Second Level Review										Recreation Assistant										NF										0189										02										SN										12-31-01									
d. First Level Review																																																																					
e. Recommended by Supervisor or Initiating Office																																																																					
16. Organizational Title of Position (if different from official title)																				17. Name of Employee (if vacant, specify)																																																	
18. Department, Agency, or Establishment																				c. Third Subdivision																																																	
a. First Subdivision																				d. Fourth Subdivision																																																	
b. Second Subdivision																				e. Fifth Subdivision																																																	
19. Employee Review-This is an accurate description of the major duties and responsibilities of my position.																				Signature of Employee (optional)																																																	
20. Supervisory Certification. I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the knowledge that																				this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations.																																																	
a. Typed Name and Title of Immediate Supervisor																				b. Typed Name and Title of Higher-Level Supervisor or Manager (optional)																																																	
Signature										Date										Signature										Date																																							
21. Classification/Job Grading Certification. I certify that this position has been classified/graded as required by Title 5, U.S. Code, in conformance with standards published by the U.S. Office of Personnel Management or, if no published standards apply directly, consistently with the most applicable published standards.																				22. Position Classification Standards Used in Classifying/Grading Position																																																	
Typed Name and Title of Official Taking Action																				OPM PCF Recreation Aid & Assistant Series GS-0189, TS-43, May 80 Grade Evaluation Guide for Clerical and Assistance Work TS-																																																	
S. J. NEW																				Information for Employees. The standards, and information on their application, are available in the personnel office. The classification of the position may be reviewed and corrected by the agency or the U.S. Office of Personnel Management. Information on classification/job grading appeals, and complaints on exemption from FLSA, is available from the personnel office or the U.S. Office of Personnel Management.																																																	
Principal Classifier																																																																					
Signature										Date																																																											
23. Position Review										Initials										Date										Initials										Date										Initials										Date									
a. Employee (optional)																																																																					
b. Supervisor																																																																					
c. Classifier																																																																					
24. Remarks																																																																					
25. Description of Major Duties and Responsibilities (See Attached)																																																																					

**NONAPPROPRIATED FUND POSITION DESCRIPTION JOB TITLE:** Recreation Assistant (Designated Activity) **POSITION NUMBER** 01-0065

**JOB SERIES:** 0189 **PAY LEVEL:** NF-2 **Summary of Duties:**

Incumbent is assigned to one or more specialized recreational activities such as the following: Marina/Fishing Piers, Community Activities, ITT Office, Campsites/Cottages, Arts & Crafts, Fitness/Athletics, Golf Course, Skeet Range, Youth Activities, Bowling Centers & Stables.

Performs and/or assists in the operation of the recreation activity. Based on established policies, incumbent carries out assigned phases of designated activity applying an understanding of the interest and needs of program participants. Typical assignments may include: establishing schedules of events; applying rules and regulations in supervising assigned youth participants in indoor and outdoor activities; setting up gymnasiums and playing fields for sports events; scheduling and conducting tours and field trips. Demonstrates procedures common to the activities, and instructs in the use of related equipment. Conducts instructional classes in the recreational area. Helps to plan and coordinates details of recreational activities and maintains related supplies. Assists in planning, scheduling and publicizing various activities to attract and motivate participants.

May oversee sale of retail items associated with activities. Ensures adherence to safety rules and regulations. Performs other related duties assigned.

**MINIMUM QUALIFICATIONS:**

One to two years experience in a related recreational activity. (Qualifications applicable to the specialization may be established locally).